

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2004-11
VOTERS REGISTRATION PROCEDURES

AUGUST 31, 2004

Enclosed is material relating to the claiming reimbursement of 2003-04 fiscal year costs pursuant to Chapter 704/75, Voters Registration Procedures.

Section 2130 of the Elections Code states:

"From moneys appropriated by the Legislature, the Controller shall allocate and disburse to the counties the amounts necessary to reimburse them for net costs incurred by them in complying with voter registration provisions, including the provisions authorizing voter registration by mail and voter outreach programs, as set forth in Chapter 704 of the Statutes of 1975, as amended. The Secretary of State, in consultation with the Controller, shall develop a formula for the reimbursement of these costs. The Controller shall prescribe the forms for filing claims pursuant to this section. These claims shall be submitted to the Controller by October 31 in the year following the fiscal year in which the costs were incurred."

An individual per affidavit cost reimbursement formula was developed by the Secretary of State (SOS) in consultation with the State Controller's Office for each county based on 1992-93 fiscal year cost data. In addition, the SOS worked in a cooperative effort with county election officials over a two-year period to develop formulas for reimbursement that would accurately reflect each county's actual net costs.

Annual payment to an individual county for conducting mail registration would be the 1992-93 per affidavit cost adjusted for annual changes in the California Consumer Price Index (CA CPI) as provided by the State Department of Finance, Economic Research Unit. The CA CPI increases were 3.2% in 1993-94, 1.7% in 1994-95 and 1995-96, 2.3% in 1996-97, 2.0% in 1997-98, 2.4% in 1998-99, 3.2% in 1999-00, 4.3% in 2000-01, 2.9% in 2001-02, 2.6% in 2002-03, and 1.9% in 2003-04.

The county must complete Form VRP-1 to determine the amount that can be claimed for the 2003-04 fiscal year. A signed, original form FAM-27C, and all other forms must be submitted. Claims for reimbursement of 2003-04 fiscal year costs must be filed with the State Controller's Office, delivered or postmarked by **October 31, 2004**.

Mailing addresses for filing claims:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

If there are any questions concerning the enclosed material, please write to the above address or call the Local Reimbursements Section at (916) 324-5729.

Form FAM-27C (Revised 08/04)

Program 056	VOTERS REGISTRATION PROCEDURES Certification Claim Form Instructions	FORM FAM-27C
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P.O. Box address, City, State, and Zip Code.
- (03) to (07) Leave blank.
- (08) If filing a reimbursement claim, enter an "X" in the box on line (08) Reimbursement.
- (09) If filing an amended reimbursement claim, enter an "X" in the box on line (09) Amended. Leave box (08) blank.
- (10) No entry required.
- (11) Enter the amount of the reimbursement claim from form VRP-1, line III.
- (12) to (13) Leave blank.
- (14) Enter the same amount as shown on line (11).
- (15) to (32) Leave blank.
- (33) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized representative, and must include the person's name and title, typed or printed.
Claims cannot be paid unless accompanied by a signed certification.
- (34) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

SUBMIT A SIGNED, ORIGINAL FORM FAM-27C WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS (NO COPIES NECESSARY) TO:

**Address, if delivered by
U.S. Postal Service:**

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250**

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other delivery service:**

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 500
 Sacramento, CA 95816**

METHOD OF REIMBURSEMENT COMPUTATION
Chapter 704, Statutes of 1975, Voters Registration Procedures
2004-05 Fiscal Year Costs

**FORM
VRP-1**

County of _____

To complete this form, indicate the number of voters' affidavits processed by source and total in Part I. and compute the county's reimbursement using the formula described in Part II.

I. Affidavits processed by source:

a. Number of affidavits processed by the MAIL
(Through postal service)

b. Number of affidavits received over the counter

c. Number of affidavits received through the
Official Deputy Registration

Total number of affidavits processed

II. Formula for computing the reimbursement:

a. Total number of affidavits processed
(Above)

b. Enter the county reimbursement factor.
Refer to the schedule on Form VRP-2, entitled
"2004-05 Reimbursement Factors by County -
Amount Per Affidavit."

\$ _____

III. Total 2004-05 Reimbursement Claimed
(Multiply IIa. times IIb.)

\$ _____

VOTERS REGISTRATION PROCEDURES 2004-05 REIMBURSEMENT FACTORS BY COUNTY AMOUNT PER AFFIDAVIT PROCESSED				FORM VRP-2
COUNTY	AMOUNT PER AFFIDAVIT	COUNTY	AMOUNT PER AFFIDAVIT	
Alameda	0.451	Orange	0.406	
Alpine	2.794	Placer	0.887	
Amador	2.794	Plumas	2.794	
Butte	0.989	Riverside	0.451	
Calaveras	2.794	Sacramento	0.451	
Colusa	2.794	San Benito	2.794	
Contra Costa	0.451	San Bernardino	0.451	
Del Norte	2.794	San Diego	0.406	
El Dorado	1.041	San Francisco	0.451	
Fresno	0.989	San Joaquin	0.887	
Glenn	2.794	San Luis Obispo	0.887	
Humboldt	1.041	San Mateo	0.887	
Imperial	2.794	Santa Barbara	0.887	
Inyo	2.794	Santa Clara	0.406	
Kern	0.989	Santa Cruz	0.887	
Kings	2.794	Shasta	1.041	
Lake	2.794	Sierra	2.794	
Lassen	2.794	Siskiyou	2.794	
Los Angeles	0.406	Solano	0.887	
Madera	2.794	Sonoma	0.887	
Marin	0.887	Stanislaus	0.887	
Mariposa	2.794	Sutter	2.794	
Mendocino	2.794	Tehama	2.794	
Merced	1.041	Trinity	2.794	
Modoc	2.794	Tulare	0.887	
Mono	2.794	Tuolumne	2.794	
Monterey	0.887	Ventura	0.887	
Napa	1.041	Yolo	1.041	
Nevada	1.041	Yuba	2.794	